# RAAM London Limited

## Inspection report

77 Harley Street
Lower Ground Floor
London
W1G 8QN
Tel:

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

| Overall rating for this location | Requires Improvement |
|---|---|
| Are services safe? | Requires Improvement |
| Are services effective? | Requires Improvement |
| Are services caring? | Requires Improvement |
| Are services responsive to people's needs? | Requires Improvement |
| Are services well-led? | Requires Improvement |

# Overall summary

**This service is rated as Requires improvement overall.**

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Requires improvement

Are services caring? – Requires improvement

Are services responsive? – Requires improvement

Are services well-led? – Requires improvement

We carried out an announced comprehensive inspection of RAMM London Ltd (AKA DR SW CLINICS) on 13 March 2023. This was the first CQC inspection of this location under the current CQC inspection methodology.

The only doctor and clinical director is also the registered manager at the company. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. RAMM London Ltd provides a range of surgical and non-surgical cosmetic interventions, for example laser treatment which is not within CQC scope of registration. Therefore, we did not inspect or report on these services.

**Our key findings were:**

- Medical records were not always contemporaneous and digital storage did not always have sufficient security.
- Safeguarding processes and systems were not effective.
- Not all staff had completed training required for their role.
- Not all documents for staff recruitment had been reviewed or recorded.
- There were insufficient clinical and governance audits.
- Not all significant events had been recorded or investigated.
- Not all complaints had been recorded with responses or investigations.
- Health and Safety measures were not always appropriately risk assessed or logged.
- Patients received effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure care and treatment is provided in a safe way to patients
- Ensure complaints are recorded, investigated and responded to.

# Overall summary

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care .

**Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA**

Chief Inspector of Healthcare

## Our inspection team

Our inspection team was led by a CQC lead inspector**.** The team included a CQC Inspection specialist adviser.

## Background to RAAM London Limited

RAMM London Ltd (AKA DR SW CLINICS) is an independent provider of medical services. The service provides a broad range of minor surgery and aesthetic services. The service specialises in sexual health and aesthetics. Some of these are not regulated by the Care Quality Commission (CQC), but some services are, including injections and threadlifting. This report references only those services that are regulated by CQC.

RAMM London Ltd is based at 77 Harley St, London W1G 8QN . The service is for private fee-paying patients only, the service does not see NHS patients. The provider is registered with the CQC to deliver the regulated activity of surgical procedures, diagnostic and screening procedures and treatment of disease, disorder or injury. The provider primarily provides services to patients throughout London.

The clinic has six consultation rooms. There is one doctor, two healthcare assistants, three patient advisors, one clinic co-ordinator and a manager.

The service operates on Monday to Saturday:

Monday: 9am-6pm

Tuesday: 9am-6pm

Wednesday: 9am-6pm

Thursday: 9am-6pm

Friday: 9am-6pm

Saturday: 9am-6pm

The service does not formally provide a service outside of these hours. The service employs administrators who oversee appointments and administration for all patients.

**How we inspected this service**

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Requires Improvement

# Are services safe?

**We rated safe as Requires improvement because:**

- Medical records were not always contemporaneous or complete.
- Safeguarding processes and systems were not effective.
- Not all staff had completed training required for their role.
- Not all documents for staff recruitment had been reviewed or recorded.
- Not all significant events had been recorded or investigated.
- Health and Safety measures were not always appropriately risk assessed or logged.

**Safety systems and processes**

**The service did not always have clear systems to keep people safe and safeguarded from abuse.**

- Some staff had not completed safeguarding training or records had not been retained to ensure that staff had all completed safeguarding training. Immediately following the inspection the provider ensured that all staff had completed training.
- The service had systems to safeguard children and vulnerable adults from abuse. However, some staff that we spoke to were not aware of who was the safeguarding lead or what could amount to a safeguarding concern.
- The provider did not always carry out staff checks at the time of recruitment and on an ongoing basis where appropriate. We found that some staff were missing recruitment documents such as employment history, references or Disclosure and Barring Service checks (DBS) (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Immediately following the inspection the provider obtained all of the recruitment documents that were missing.
- The provider had not carried out appropriate environmental risk assessments. Although the premises were maintained by the building owner, the provider had no assurances that appropriate legionella measures were in place. There were multiple risk assessments which had concluded that the premises' measures were not adequate for safety but gave no indication as to why that conclusion had been reached. Immediately following the inspection, risk assessments were completed for all of the premises' health and safety needs.
- The provider ensured that equipment was safe and maintained according to manufacturers' instructions. We saw calibration and safety testing had been completed in 2022. There were systems for safely managing healthcare waste.
- Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.

**Risks to patients**

**There were systems to assess, monitor and manage risks to patient safety.**

- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- There were appropriate indemnity arrangements in place for clinicians.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. If items recommended in national guidance were not kept, there was an appropriate risk assessment to inform this decision.

**Information to deliver safe care and treatment**

Requires Improvement

# Are services safe?

**Staff sometimes had the information they needed to deliver safe care and treatment to patients.**

- Individual care records were not always written and managed in a way that kept patients safe. Many clinical photos had not been uploaded to medical records to ensure all information and assessment was recorded.
- The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.

**Safe and appropriate use of medicines**

**The service had reliable systems for appropriate and safe handling of medicines.**

- The systems and arrangements for managing medicines, including controlled drugs, emergency medicines and equipment minimised risks.
- The service does not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence).
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.

**Lessons learned and improvements made**

**The service did not always have evidence of learning and improvements when things went wrong.**

- There was a system for recording and acting on significant events, but we found that aone significant event had not been recorded, investigated or learnt from. There were two 2 other significant events that had been recorded and investigated. One of these resulted in additional testing to be carried out when treating patients with a certain disease.
- Although staff were aware of the significant event that had not been recorded, staff were unable to discuss any improvements or changes made in response to significant events.

Requires Improvement

# Are services effective?

**We rated effective as Requires improvement because:**

- The service was not able to show how care was effectively monitored and improvements made.
- Staff training was not monitored and reviewed.

**Monitoring care and treatment**

**The service was not actively involved in quality improvement activity**.

- Although the provider had some limited audits in place to review quality, these were not sufficient to assure that quality was monitored and improved. For example, an audit had reviewed the quality of medical records in 2022 yet it had not highlighted that clinical photos were not being routinely added to medical records. The conclusion of this audit stated that the clinician needed to pay more attention without specifying improvement actions to be implemented.
- All of the audits that had been completed lacked clear conclusions which then resulted in action or improvements which had been recorded or found as evident.
- Although patient feedback had been obtained and measured, there had been no outcome or changes made in result of the feedback.

**Effective needs assessment, care and treatment**

**The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)**

- We saw no evidence of discrimination when making care and treatment decisions.
- Patients' immediate and ongoing needs were fully assessed through a detailed questionnaire. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Patients had an initial consultation where detailed information was recorded and considered before any treatment was advised.

**Effective staffing**

**Staff had the skills, knowledge and experience to carry out their roles.**

- The provider did not hold evidence of the training records for several staff. The records of staff training were not well organised or logged. This meant that the provider could not easily demonstrate staff training had been completed or that it was being monitored.
- Immediately following the inspection the provider was able to show evidence that most staff were appropriately trained.
- Relevant professionals were registered with the General Medical Council and were up to date with revalidation.

**Coordinating patient care and information sharing**

**There was insufficient evidence of internal clinical collaboration and patient co-ordination with other services, to deliver effective care and treatment.**

Requires Improvement

# Are services effective?

- Although patients received coordinated and person-centred care, there was no protocol or clear policy for when patients should be referred back to their GP.
- Although blood tests were carried out, results were not logged or audited to ensure consistency and follow up. There was no evidence that any test results had not been managed safely.
- Before providing treatment, clinicians at the service ensured they had adequate knowledge of the patient's health and their medicines history.
- All patients were asked for their consent to take photos and make any necessary referrals.
- The service monitored the process for seeking consent appropriately.

**Supporting patients to live healthier lives**

**Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.**

- Where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.

**Consent to care and treatment**

**The service obtained consent to care and treatment in line with legislation and guidance.**

- Staff understood the requirements of legislation and guidance when considering consent and decision making.

Requires Improvement

# Are services caring?

**We rated caring as Requires improvement because:**

- Patients privacy and dignity was not always respected as some clinical records were not stored with sufficient security and encryption.

**Privacy and Dignity**

**The service did not always respect patients' privacy and dignity.**

- We found large amounts of patient information had not been stored with sufficient digital security or encryption. Hundreds of photographs had not been uploaded to medical records and stored with adequate security levels in place. Immediately following the inspection, the provider uploaded all of this information to their medical database which did have sufficient security measures in place.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

**Kindness, respect and compassion**

**Staff treated patients with kindness, respect and compassion.**

- The service sought feedback on the quality of clinical care patients received.
- Feedback from patients was positive about the way staff treated people.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

**Involvement in decisions about care and treatment**

**Staff helped patients to be involved in decisions about care and treatment.**

- Staff communicated with people in a way that they could understand, for example, language interpreters were available.

Requires Improvement

# Are services responsive to people's needs?

**We rated responsive as Requires improvement because:**

- Not all complaints had been recorded, investigated or responded to.

**Listening and learning from concerns and complaints**

**The service did not always take complaints and concerns seriously and respond to them appropriately to improve the quality of care.**

- We found that out of 8 complaints from the past years, had no evidence of detailed record, investigation or response.
- The service had complaints policy and procedure in place but had failed to follow this policy. For example, six complaints had no evidence of investigation or response.
- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.

**Responding to and meeting people's needs**

**The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.**

- The waiting area was large enough to accommodate patients attending the service.
- The website for the service was very clear and easy to understand. In addition, it contained clear information about the procedures offered.
- The facilities and premises were appropriate for the services delivered.

**Timely access to the service**

**Patients were able to access care and treatment from the service within an appropriate timescale for their needs.**

- Patients had timely access to initial assessment and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.

Requires Improvement

# Are services well-led?

**We rated well-led as Requires improvement because:**

- The provider did not have adequate oversight of staff training and recruitment.
- The provider did not have effective processes in place for monitoring quality improvement.
- Patient information had not been electronically stored with sufficient encryption and security.
- Policies and protocols were not organised or followed by the management team.

**Leadership capacity and capability:**

**Leaders did not always have the capacity and skills to deliver high-quality, sustainable care.**

- There was ineffective leadership at the service. This was evidenced by the lack of organisation of staff training, recruitment and quality assessment.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

**Governance arrangements**

**There weren't always clear responsibilities, roles and systems of accountability to support good governance and management.**

- Structures, processes and systems to support good governance and management were not clearly set out, understood or effective. There were electronic and physical policies and protocols which were different from each other. Staff were unable to say which policies or protocols were being used at the time of the inspection. Immediately following the inspection the provider implemented an action plan to re-organise this area of governance.
- Leaders had not always established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. For example, there was no protocol or clear policy for when patients should be referred back to their GP.
- We did not find any clinical audit which could demonstrate that there were effective quality assessment systems in place to drive improvement.

**Vision and strategy**

**The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.**

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities. The provider had plans to expand the service within the next year with more clinicians and treatments to be offered to patients.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

**Culture**

**The service had a good culture but there was insufficient evidence of quality assessment.**

Requires Improvement

# Are services well-led?

- Staff felt respected, supported and valued. They were proud to work for the service. However, no staff surveys had been completed. There had not been any internal staff appraisals completed and there were no processes in place to complete them. No staff raised any concerns or issues with us during the inspection.
- There were monthly staff meetings which were minuted and used to communicate updates and changes at the service.
- The service focused on the needs of patients.
- Not all staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.
- The provider had failed to meet data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

**Managing risks, issues and performance**

**The processes for managing risks, issues and performance were ineffective.**

- The service did not have processes to manage current and future performance.
- Leaders did not always have oversight of safety alerts, incidents, and complaints.
- The provider did not have plans in place for major incidents to ensure business continuity.

**Appropriate and accurate information**

**The service acted on appropriate and accurate information.**

- Although patient feedback had been obtained, it had not been used to drive improvements or implement changes. The feedback was mostly positive but there was room for review and analysis which could in turn drive improvements at the service.

**Engagement with patients, the public, staff and external partners**

**The service did not always involve patients, the public, staff and external partners to support high-quality sustainable services.**

- There were no ongoing processes to ensure staff involvement in the service such as questionnaires or appraisals.
- The service encouraged and heard views and concerns from the patients. But these views had not been used to clearly drive changes or improvements at the service.

**Continuous improvement and innovation**

**There were systems and processes for learning, continuous improvement and innovation.**

- The provider was passionate about developing his knowledge and sharing information within his area of expertise. The doctor attended multiple conferences and events within aesthetic and sexual medical treatments. The doctor had attended the International Association of Aesthetic Gynaecology and Sexual Wellbeing conference as a specialist speaker.
- The service did not always make use of internal and external reviews of incidents and complaints.

This section is primarily information for the provider

# Requirement notices

## Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

| Regulated activity | Regulation |
|---|---|
| Treatment of disease, disorder or injury<br>Surgical procedures<br>Diagnostic and screening procedures | Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment<br>• Safeguarding processes and systems were not effective.<br>• Not all staff had completed training required for their role.<br>• Not all documents for staff recruitment had been reviewed or recorded.<br>• Not all significant events had been recorded or investigated.<br>• Health and Safety measures were not always appropriately risk assessed or logged. |

| Regulated activity | Regulation |
|---|---|
| Diagnostic and screening procedures<br>Surgical procedures<br>Treatment of disease, disorder or injury | Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints<br>• Not all complaints had been recorded, investigated or responded to. |

| Regulated activity | Regulation |
|---|---|
| Diagnostic and screening procedures<br>Surgical procedures<br>Treatment of disease, disorder or injury | Regulation 17 HSCA (RA) Regulations 2014 Good governance<br>• The provider did not have adequate oversight of staff training and recruitment.<br>• The provider did not have effective processes in place for monitoring quality improvement.<br>• Patient information had not been electronically stored with sufficient encryption and security.<br>• Policies and protocols were not organised or followed by the management team. |